

CITY OF SAVANNAH, GEORGIA

Hotel/Motel Tax Monthly Return

6% Rate

Important: This return must be filed and taxes paid by the 20th day of the month following the month in which the tax is collected.

Return for month of _____ 20 _____ Date Filed _____

Business Name _____ Phone _____

Address _____ Ga. Sales Tax No. _____

Number of Lodging Rooms: _____ Standard Double Room Rate: \$ _____

This return includes all excise taxes collected for the City of Savannah on charges to the public for lodging accommodations during the above stated month.

1. Total charges for lodgings and meeting rooms. \$ _____
2. Deduct charges for lodgings furnished for a period of more than 30 consecutive days. The tax is due for the first 30 days; **do not deduct** charges for lodging for days 1 - 30; deduct beginning on the 31st day. \$ (_____) _____
3. Deduct charges for meeting rooms. \$ (_____) _____
4. Deduct charges for lodgings furnished to Federal, Georgia state or local government officials or employees when traveling on official business. \$ (_____) _____
5. Deduct charges for lodgings furnished as the result of destruction of the occupant's residence by fire or other casualty. \$ (_____) _____
6. Net taxable charges for lodging accommodations. \$ _____
7. City excise tax - **6%** of Line 6. \$ _____
8. Deduct 3% of Line 7, provided the amount due is not delinquent when paid. \$ (_____) _____
9. Net tax payable to City of Savannah. \$ _____
10. **Penalty for late payment:** If return is postmarked after the 20th of the month in which payment is due, add 5% of Line 9 or \$5.00, whichever is greater if the failure is not more than 30 days. An additional penalty of five percent or \$5.00, whichever is greater, shall be charged for each additional 30 days or portion thereof during which the failure continues. The penalty for any single violation shall not exceed 25 percent or \$25.00 in the aggregate, whichever is greater. \$ _____
11. **Interest for late payment** of the tax due shall be charged in addition to the penalties levied in Line 10 at a rate of one percent per month from the date the tax is due until the date the tax is paid. \$ _____
12. TOTAL AMOUNT REPORTED AND REMITTED TO THE CITY. \$ _____

I CERTIFY THAT I HAVE EXAMINED THIS RETURN AND IT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF A TRUE AND COMPLETE RETURN FOR THE PERIOD.

Signature

Print or type name

Title

Mail Return and payment to:

City of Savannah
Revenue Department
P.O. Box 1228
Savannah, GA 31402-1228

Revised: 12/18/08